

Disclosure Report Cover

MAR 06 2014

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information

a. Full Name

Committee to Elect Amanda Davis

c. ID Number

25612L

b. Mailing Address (include City, State and Zip Code)

606 Old Stonecutter Rd
Rutherfordton NC 28139

d. Date Filed

2/25/2014

e. Phone Number

828-289-1567

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

Beth Washburn

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name

Carolina Trust Bank

b. Purpose

Campaign

c. Account Code

d. Period Begin Balance

\$

9. Type of Report (check only one type of report from one category)

Municipal

- ☒ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☒ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

BETH WASHBURN
Printed Name of Signer

BETH WASHBURN
Signature of Appointed Treasurer

3/6/14
Date

FOR OFFICE USE ONLY

Date Received:

3-6-14

Employee:

DL

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Amanda Davis					
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1373.90		\$ 1373.90	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 4000.00		\$ 4000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5373.90		\$ 5373.90	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 1273.90		\$ 1273.90	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1273.90		\$ 1273.90	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4100.00		\$ 4100.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Amanda Davis						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Lamar Crisp 180 Mountainview Rd Bostic NC 28018				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cashiers Check		3/4/14	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Amanda Davis 606 Old Stonecutter Rd Rutherfordton NC 28139 828-289-1567						
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check	Filing Fee	02/25/2014	\$ 833.90	
<input type="checkbox"/>		Check	Signs	03/05/2014	\$ 440.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1373.90	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Loan Proceeds

Pg ____ of ____

Amendment

☐ Yes

☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Amanda Davis					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Davis 606 Old Stonecutter Rd Rutherfordon NC 28139 828-289-3365		Deputy Sheriff			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Rutherford county Sheriff Department			
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
				\$4000 w	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$4000 w	



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

• Name of committee to receive loan:	<u>Comm. Hec to Elect Amanda Davis</u>
• Person or committee to make loan:	<u>Michael Davis</u>
• Date of loan to committee:	<u>3-6-14</u>
• Name of lending institution and account number (source):	_____
• Amount of loan:	<u>4000</u>
• Description (if in-kind loan):	_____
• Names of all parties responsible for payment of loan (guarantors):	_____
• Period of loan:	_____
• Rate of interest of loan:	_____
• Security pledged for loan:	_____

I, Michael Davis, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

<u>Michael Davis</u>	<u>3/6/14</u>
Signature of Lender	Date Signed
<u>Kim Westbrook Strach</u>	<u>3/6/14</u>
Signature of Treasurer of Committee	Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

In-Kind Contributions

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Amanda Davis			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Amanda Davis 606 Old Storecutter Rd Rutherfordton NC 28139 828-289-1567		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments 	
		d. Election Sum to Date \$	
e. Description Filing Fee		f. Date (mm/dd/yyyy) 02/25/2014	
Signs		g. Fair Market Amount \$ 833.90	
		\$ 440.00	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments 	
		d. Election Sum to Date \$	
e. Description 		f. Date (mm/dd/yyyy) 	
		g. Fair Market Amount \$	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments 	
		d. Election Sum to Date \$	
e. Description 		f. Date (mm/dd/yyyy) 	
		g. Fair Market Amount \$	
		\$	
		\$	
4. Total only this Page		\$ 1273.90	
5. Total of ALL CRO-1510 Pages		\$	
<small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			